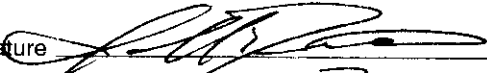
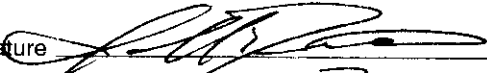
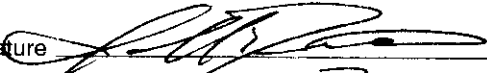


No. W 22819	Due no later than February 28, 2005 Annual Report Form		2. Registered Agent and Office NO PO																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PARAMOUNT PAYMENT SYSTEMS LLC JARED MCDANIEL 4922 BURLINGTON DR BOISE, ID 83704		JARED MCDANIEL 4922 BURLINGTON DR BOISE, ID 83704																								
			3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>JARED MCDANIEL</td> <td>4422 Burlington Dr.</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>MEMBER</td> <td>Christian Staley</td> <td>3248 Summerbrook</td> <td>MEDICIAN</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>MEMBER</td> <td>John Staley</td> <td>3004 Sioux Sioux</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	JARED MCDANIEL	4422 Burlington Dr.	BOISE	ID	83704	MEMBER	Christian Staley	3248 Summerbrook	MEDICIAN	ID	83642	MEMBER	John Staley	3004 Sioux Sioux	Nampa	ID	83686
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